

Hawai'i Teacher Standards Board
650 Iwilei Road, Suite 201
Honolulu, HI 96817



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htsb@hawaii.gov
808-586-2600

EDUCATOR PREPARATION PROGRAM RECOMMENDATION

Complete and sign Section 1 before sending this form to the administrator of your educator preparation program.

Ask your program to return this form to HTSB at the address indicated at the top of this form. Forms can also be emailed or faxed.

1. PERSONAL INFORMATION. Type or print in blue ink.

Social Security Number _____ Date of Birth: ____/____/_____

(Last name) (First name) (MI) Phone _____
Current Mailing Address _____ City _____ State _____ Zip _____
Non Lotus Notes E-mail Address _____ Telephone _____

DISCLAIMER: I hereby authorize the release of the information regarding my professional education program at the institution from which I am making this request.

Applicant signature _____ Date _____

2. AUTHORIZED ADMINISTRATOR OF EPP TO COMPLETE THIS SECTION. (APPLICANT: DO NOT WRITE BELOW THIS LINE)

To Authorized Official of Educator Preparation Program: This applicant has applied for a Hawai'i teaching, school counseling and/or school librarian's license. Please check the appropriate area(s) to verify the state approved educator preparation program complete, and basic skills and content knowledge accepted.

Program Completion Date: _____ **Degree, if applicable** _____

Does this program lead to licensure in a state? _____ **State** _____

Please check off the following basic skills and content knowledge used to evaluate this candidate.

Basic Skills	Content Knowledge in selected field
Bachelor Degree Transcripts	State approved licensure test
SAT scores	Advanced Degree
ACT scores	30 hours of coursework
State approved licensure test	Content Major
	National Board Certification

Please indicate field, the grade level of the program, and the grade level(s) of student teaching or internship completed.

____ **EARLY CHILDHOOD EDUCATION:** Program Grade Level _____ Student teaching/internship/practicum in grade(s) _____

____ **ELEMENTARY EDUCATION:** Program Grade Level _____ Student teaching/internship/practicum in grade(s) _____

____ **MIDDLE LEVEL EDUCATION:** Program Grade Level: _____

Middle Level Program Teaching Field(s) _____ Student teaching/internship/practicum in grade(s) _____

____ **SECONDARY EDUCATION:** Secondary Program Teaching Field(s) _____

Program Grade Levels: _____ Student teaching/internship/practicum in grade(s) _____

____ **K-12 PROGRAM:** K-12 Program Teaching Field(s) _____

Student teaching/internship/practicum in grade(s) _____

____ **SPECIAL EDUCATION:** Program Grade Level _____ Student teaching/internship/practicum in grade(s) _____

Check the field of the Special Education Program, if applicable:

____ Mild/Moderate	____ Severe/Profound	____ Deaf/Hard of Hearing	____ Blind/Visually Impaired
____ Orientation and Mobility	____ Orthopedically Disabled	____ Special Education	

____ **SCHOOL COUNSELING:** Program Grade Level _____ Student teaching/internship/practicum in grade(s) _____

____ **SCHOOL LIBRARIAN:** Program Grade Level _____ Student teaching/internship/practicum in grade(s) _____

____ **READING SPECIALIST:** Program Level _____ Student teaching/internship/practicum in grade(s) _____

____ Other Program: _____
 _____ Program Grade Level _____ Student teaching/internship/practicum in grade(s) _____

Verification from Official of Education Preparation Program: I hereby verify that the above named applicant has satisfactorily completed a state approved educator preparation program in the area(s) checked above.

Signature of Official of Educator Preparation Program	Print Name	Date
Name and Address of Program	City	State
E-Mail Address	Phone, including Area Code	
	If an IHE, Regional Accreditation	